

**CDC *Vital Signs* Town Hall Teleconference on  
Cardiovascular Disease: High Blood Pressure and Cholesterol  
Q & A Transcript**

February 8, 2011  
2:00pm – 3:00pm EST

Coordinator: Thank you. We will now begin the question and answer session. If you would like to ask a question, please press star 1. Please un-mute your phones and record your name. Your name is required to introduce your question.

To withdraw your question, you may press star 2. Once again, to ask a question, please press star 1.

Lynn Sokler: So again, any questions for our speakers? We'll take a few questions for them.

Coordinator: We do have a couple of questions coming up. It will be one moment. First question comes from Silver Patrick. Your line is open.

Silver Patrick: Oh, hello? Hello?

Lynn Sokler: Yes, go ahead with your question please.

Silver Patrick: Okay. Thank you. I was looking at your California versus national Top 10 HEDIS scores. When was that information gathered?

Hattie Rees Hanley: Well, I gather it on a regular basis. So the HEDIS data is gathered every year. This has been a national, ongoing project of transparency and accountability on quality for health plans nationally. And so the first time I had a California versus best in the nation comparison done was in 2007. This is the most recent set of performance data that came out this October.

Lynn Sokler: Great. Thank you so much Hattie. Have we got another question?

Coordinator: Yes, we do from Mary Rice.

Lynn Sokler: Mary, go ahead with your question please. Hello Mary?

Rosemary Rice: I think they got my name wrong, but that's okay.

Lynn Sokler: Please tell us your right name.

Rosemary Rice: It's Rosemary.

Lynn Sokler: Oh Rosemary, okay. Rosemary with the pretty name, please go ahead and tell us your ques—ask your question.

Rosemary Rice: Okay, I was just wondering in Kansas she was talking about some price incentives for the capital mid-week market. What price incentives are those and how do you do those?

Paula Clayton: Thank you for the question. Yes, the price incentives are really geared more towards the food retailers. We have large grocery chains, who are probably our leading grocers here, as well as a fleet of quick shops that the coalition were looking at based on results of the change tool and information that we gleaned from the survey that we'll be doing is looking at various price incentives that may assist them with promoting fruits and vegetables through those venues.

Rosemary Rice: And how does that work?

Paula Clayton: Well, we don't know yet. We're figuring that out.

Rosemary Rice: No, I don't mean how effective is it. I mean, how do you do that?

Paula Clayton: With...

Rosemary Rice: What do you do and how do you do it?

Paula Clayton: Well, we're looking at coupons, price reductions, incentives similar to what a food manufacturer might do to...

Rosemary Rice: Okay I see, to get them to reduce prices on healthy foods.

Paula Clayton: To make it more affordable for the recipient yes.

Lynn Sokler: Great. Rosemary, if you'd like more information or if you'd like us to connect the two of you, please just send us an email to [kdr1@cdc.gov](mailto:kdr1@cdc.gov) and we will connect you two together and you can ask away all these questions.

Rosemary Rice: Just curious.

Lynn Sokler: Thank you very much. Operator, are there anymore questions to our speakers?

Coordinator: Yes we do, another question from Fred Benzie.

Fred Benzie: Hello.

Lynn Sokler: Hello Fred.

Fred Benzie: How are you?

Lynn Sokler: Great. Would you please identify who you're with?

Fred Benzie: I'm with Marquette County Health Department in the Upper Peninsula of Michigan.

Lynn Sokler: Great. Are you out of—are you buried under snow?

Fred Benzie: We, actually we've got sunshine and 18 degrees. And for those of you who don't know where we're located, President Obama is going to be coming to our little town of 40,000 people on Thursday.

Lynn Sokler: Good for you. Your town is going to get taken over. Do you have a question for our speakers?

Fred Benzie: Yes, my question is as an employer who provides health insurance and is watching the ever-increasing costs of health insurance. Several places in Michigan, Oakland County for instance, which is one of the largest counties in Michigan, has begun providing monetary incentives for employees and their families who obtain annual physicals or health screenings—whatever they call them—history, and physicals and all. And by doing such, I think they offer \$100 if people agree to do that. And apparently it's been very, very cost effective in reducing the cost of employer-provided health insurance. At the same time of course, it identifies elevated blood pressure, high cholesterol, and all of these things that we're trying to prevent.

I'm wondering however if anybody's ever done any research to actually show what type of monetary incentives could be provided and remain cost effective in both accomplishing our goal and reducing employer provided health insurance?

Lynn Sokler: Thank you very much. I'm going to ask Dr. Labarthe to answer that if he can.

Dr. Darwin Labarthe: Sure. Thank you for the question. It's very much to the point on a significant opportunity to improve health of the working population.

I would refer you to a number of studies that have been conducted and published by Ron Goetzel—that's G-O-E-T-Z-E-L, Dr. Ron Goetzel—with large multi-site employers in the United States, very consistently demonstrating that effective preventive programs in the worksite have a return on investment on the order of \$5 or \$6 to 1, often within as short a period as three to five years.

A particular case and point I'd mention only because it happens to be just at my elbow as we're having this call, is something you can investigate on the Johnson & Johnson Website in which, as a global initiative for worksite wellness, they report having returned more than \$38 million in savings on healthcare expenses over a five-year period.

I think one of the keys to your question and to these very positive answers is that a self-contained system of self-insurance creates the possibility to see for a dollar spent how many dollars are saved. And the lesson, very encouraging I believe, is that in these systems we do see savings. It makes the case that prevention does pay quite beyond the health benefit and more effective workforce that comes with it. So thanks for your question.

Lynn Sokler: Excellent, thank you Dr. Labarthe. So clearly this *Vital Signs* points out that many people still don't have their blood pressure and high cholesterol under control. And as I said, it's really important for us to hear from you all to be able to share with different states and hear what's working and what's not working.

So let me ask, let me start this discussion by somebody who feels really proud and wants to kind of beat their chest a little bit for the rest of the group by

telling us, you know, what have you done that's been working very well to help people get these two conditions under control. Just do the thing with the operator again and she'll let me know.

Coordinator: We do have another question.

Lynn Sokler: Okay.

Coordinator: From Robert Rolfs.

Robert Rolfs: This actually was a question before you went to the next section. So I can hold if you...

Lynn Sokler: No, no, no, please go ahead.

Robert Rolfs: The ques—this was an exciting *Vital Signs* and I think it's a really important topic. I was struck, when I went to the Community Guide for Preventive Services, that there's really nothing there on this topic and wondered if, along with *Vital Signs*, CDC would be putting resources into upgrading that area?

Lynn Sokler: I'm going to ask Dr. Labarthe to respond to that.

Dr. Darwin Labarthe: Sure. Yes, thank you for the question. And I'm happy to say that we are working with the Community Guide to Preventive Services currently to shape a systematic review that we will expect to lead to guidelines relating to community initiatives to improve high blood pressure control. We have not had the opportunity to commission such a report until now. It's opportune and I think it will be helpful to all of us in public health practice to have the benefit of their systematic review. Thanks for the question.

Lynn Sokler: Thank you very much. Operator, are there any further questions for the speakers?

Coordinator: Yes, we do have one more...

Lynn Sokler: Okay.

Coordinator: ...from Kris Kummerfeld.

Kris Kummerfeld: Kris Kummerfeld from Missouri.

Lynn Sokler: Hi Kris.

Kris Kummerfeld: And we're still trying to recover from losing to Kansas, (laughter) and so that's a difficult recovery. But, I have a question for Paula, and I'm really curious about if she is working with corrections on procurement practices with regard to her initiative in Kansas.

Paula Clayton: Yes. The county, from the county perspective, yes we are. That would be one of the government employers, and that would be part of the Shawnee County and city.

Kris Kummerfeld: Oh okay. So that's within the government.

Paula Clayton: Yes.

Kris Kummerfeld: Okay.

Lynn Sokler: Thank you very much. All right, so let's move on and let's hear from some of you on some of the other innovative things that you've been doing in your

state to help get these two conditions under control. Operator, can you open the microphone?

Coordinator: Yes, once again, if you would like to ask a question or make a comment, please press star 1.

Lynn Sokler: Well, in the interim while I'm waiting for the operator, I'm going to go back and say that, you know, if you are interested in having the *Vital Signs* fact sheet to use with either policy makers or partners or activists or advocates, it is available for download on the *Vital Signs* Website, [www.cdc.gov/vitalsigns](http://www.cdc.gov/vitalsigns). And it's on the right side. And you can download the PDF of the fact sheet and use that in any way you would like and we really encourage you to do that. That's the reason we have it, so that people can use it with policy makers and doctors and nurses and partners and everybody else.

I also want to say that we work extremely, extremely hard to put this into clear language so it is easily understood and easily absorbed by people. But the back page is perhaps the most important—the section—and the section on the Website of what can be done. And I would invite you to pay close attention to that because that really is CDC's recommendations for how we might address this problem and what you all out there can be doing to help us do that. And it does outline it by target audience. And you can take and develop ways in which to promote those recommendations to those various target audiences.

Operator, do we have anyone who wants to discuss?

Coordinator: No questions at this time.

Lynn Sokler: No questions at this time. Well, let me ask this question because it's extremely important to us. This is our eight—this was our eighth edition of *Vital Signs*, and we need to get some feedback on how it's being used out in the states and



how helpful this information is to you. So I'm going to ask you guys please, please somebody tell the—hit the whatever you got to do to get a question into the operator—and let me know some of the ways that you might be using *Vital Signs* or how you might use this one to help you in your efforts. Because that's really the reason we've done these.

So please go ahead and do that and, while you're doing that, I can tell you that all of the *Vital Signs* information can be very easily syndicated onto your own Website so it looks like it comes from you. If you want to do that, all you've got to do is go to [tools.cdc.gov/register/](https://tools.cdc.gov/register/) and have your state register to get what we call content syndication, and it will appear on your Website. So I would invite all of you to do that. Any other questions operator?

Coordinator: We do have one from Silver Patrick.

Lynn Sokler: Patrick.

Silver Patrick: It's Silver Patrick, and it wasn't a question. It's not a question. I was just—you had asked what we were doing locally. I was going to let you know here in Denton County, we're down here in North Texas, we established a healthy community committee and basically we invited several community members and we meet once a month and basically kind of touch over—we talk about CVD and stroke and stuff like that. And we have been very successful in implementing education to different senior centers and schools and so forth. And we get a lot of feedback at those committee meetings and have really been able to reach out to the public through that.

Lynn Sokler: Oh, that's wonderful. That's really wonderful.

Dr. Darwin Labarthe: If I could make a brief comment to Ms. Silver in Denton County. There is material on the CDC Website for heart disease and stroke prevention that

could be of interest and helpful to you. The Website is ([www.cdc.gov/dhdsdp](http://www.cdc.gov/dhdsdp)) [www.cdc.gov/](http://www.cdc.gov/), and this is the tricky part, D-H-D-S-P for Division for Heart Disease and Stroke Prevention, D-H-D-S-P. Please make yourself at home on our Website and let us know if we can provide any additional information that's helpful to you.

Lynn Sokler: Thank you Darwin. To simplify this for all of you, the *Vital Signs* site has links to both the site that Darwin referenced (and) it has links to the *MMWR*. So it's kind of your one-stop shop to get you where you need to go. Operator do you have anything else?

Coordinator: No further questions.

Hattie Rees Hanley: I have a question. This is Hattie Hanley. You said to open up the lines. And that is just, the public, different members of the public, are—receive their information best in different ways and so our steering committee believes that a public airwaves campaign is really important. And I would love to know what resources may be available from CDC to collaborate with us on that. We have a private donor who has provided money to a private firm in San Diego to help with some local messaging, but that's just to develop the messaging. And it seems like you all would know this material like the back of your hand and we just don't want to reinvent the wheel.

Lynn Sokler: Let me answer you in two ways. One, I will give you a general answer for all of you. And that is that for all of these topics in *Vital Signs*, getting much more visibility for them and more visibility for some of the solutions to them is extremely important, but you do have to segment them by different audiences. Some of these topics lend themselves better to just directly going to healthcare providers. Some need a general, broader information campaign.

We do have buttons and widgets and all kinds of things for the *Vital Signs* topic of the month. When you go to the *Vital Signs* site and look under—there's a link that says social media. So we have an awful lot of social media information, things that you can use on your site. But, I'm also going to ask Dr. Labarthe to address what we have that is specific to cardiovascular disease and heart disease and I feel certain that a lot of that is on the Website.

Dr. Darwin Labarthe: That's correct Lynn. We do have a good deal of material on the Website.

We also feature links to other information sources to make them readily available. Two of those that I would mention in particular are the American Heart Association and the National Stroke Association, both of which have a good deal of public health and public and professional information. Some of that is in multiple languages and is accessible to audiences with different educational levels and so on. So I would encourage you to go to those sites.

And if you have ideas about materials that you feel would be beneficial to communicate these messages in your community, let us hear from you, because, to the extent that we have resources available or can communicate with those who do, we're very much interested in helping to promote this kind of communication.

Lynn Sokler: Thank you very much. Well, we only have a few minutes left. Are there any further comments?

Coordinator: No questions or comments at this time.

Lynn Sokler: Thank you. I'm going to turn it back over to Dr. Monroe, who is going to wrap the call up.

Dr. Judy Monroe: Do we have a couple minutes? How much time do we have? Before I wrap up, if we have any—I think we might have some clinicians on the call or medical

educators—and I'd love to hear from you if you are on the call today regarding how, in the world of medical education, you might use *Vital Signs* or recommendations to (inaudible) here at CDC how we can better support you. Is there anyone on the call from that world?

Lynn Sokler: Operator?

Coordinator: We did have another question come up from Ashley Marshall.

Dr. Judy Monroe: Okay.

Ashley Marshall: Hi. This is Ashley Marshall at the Jefferson County Health Department in Birmingham, Alabama. And I'm not a medical person, but I just wanted to make a comment that this *Vital Signs* has been very helpful. Our health department recently won a CPPW [Communities Putting Prevention to Work] grant to fight obesity in our county. And we haven't picked, you know, a specific thing like sodium reduction go to after, but we have done some menu labeling and working on just making access to healthy food a little bit more equitable in our county. So it's really interesting for us to see what other health departments are doing; so thank you for this information.

Lynn Sokler: Thank you very much.

Dr. Judy Monroe: Anyone else operator?

Coordinator: Yes, we have Bob Lubitz.

Dr. Judy Monroe: Go ahead.

Dr. Bob Lubitz: Hi, this is Dr. Bob Lubitz. I'm Chief Academic Officer for St. Vincent Health. We're an academic teaching hospital in Indiana. We appreciate the

opportunity to listen in on your call, and really have appreciated reading *Vital Signs*, and looking at the slide presentation, and hearing the speakers today. I think this is so applicable to medical student and resident education. We don't get good exposure to the epidemiology. And it really drives home the importance of screening, of thinking about this in target populations and also getting our young physicians involved in these community initiatives.

I appreciate the second speaker's comments about getting the medical societies and physicians involved in their healthy initiatives. And the more we can reach out to our education programs, get young physicians involved in these sorts of things, the better.

So thank you. Keep doing this. And we look forward to being involved in the future.

Dr. Judy Monroe: Well thank you. Thanks Dr. Lubitz. And thanks—I want to thank all of our speakers today. I think we are at our time.

So let me give a special thanks to Darwin Labarthe, Paula Clayton, and Hattie Rees Hanley. Also a special thanks to Lynn Sokler for moderating the discussion on the monthly *Vital Signs* report today, and for all of you who have joined us today.

So please go to [www.cdc.gov/vitalsigns](http://www.cdc.gov/vitalsigns) for the report and the communication materials that you can use in your state. And then next month's *Vital Signs* topic is healthcare-associated infections, which should also be, obviously, a key topic for public health and medicine together. I think the thing that strikes me is how these topics are so applicable to medicine and public health, and how we can build those bridges effectively is going to take us a lot farther as well.

We'll be sending you more information about next month's healthcare-associated infections *Vital Signs* town hall meeting.

And lastly, please remember to visit the OSTLTS Website to participate in the short feedback survey. It really is important that we get your feedback and that we hear from you. So go again to [www.cdc.gov/ostlts](http://www.cdc.gov/ostlts), O-S-T-L-T-S, click on *Vital Signs* in the flash module at the top of the page. We truly appreciate your feedback and look forward to talking to all of you next month. And you will also find on that Website a transcript of all the materials associated with today's meeting. So have a great day.

Hattie Rees Hanley: Thank you, excellent.

Coordinator: This concludes today's conference. Please disconnect at this time.